

Promoting the Health of Communities

Guidelines for Health Professional Education



World Health Organization
Western Pacific Region

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Promoting the Health of Communities - Guidelines for Health Professional Education

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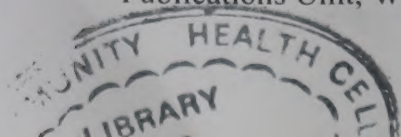
World Health Organization
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Executive summary

The proposed broad policy directions of the Western Pacific Region (WPR) have recently been outlined in a Position Paper (1999). This paper organizes the work of WHO in the Region into four 'themes', one of which is **Building Healthy Communities and Populations**. This theme aims to improve the health of communities and populations through integrated approaches which stress the links between development, the environment and health. The theme reaffirms the previous WHO regional policy document *New horizons in health* (1994) which set out approaches for the achievement of Health For All. To attain this goal, **health professionals need education and training which equips them with the knowledge and skills required.**

These guidelines were developed at the WHO/WPRO Meeting on Guidelines for Orienting Health Professional Education to the *New horizons in health* (NHIH) Approach, held in Sydney from 10 to 14 August 1998 and confirmed at the subsequent Meeting on Utilization of Guidelines for Orienting Health Professional Education to the *New horizons in health* approach, held from 9 to 13 August 1999. They are intended to support educational institutions and governments throughout the Western Pacific Region to review and strengthen health professional education and training (basic and continuing) in order to achieve this orientation.

The **key areas** for action that were identified **target educational curricula and the organizational environment in which education is provided and health services are delivered**. These guidelines are not intended to prescribe a particular course of action, but rather to offer suggestions that countries and institutions may draw on and adapt to suit their unique circumstances and settings.

Three key components of a strategy to orient health professional education to promote the health of communities are: **the political component, the technical component, and the coordination component**. A concerted effort in each of these areas will lead to comprehensive reform, but action can begin incrementally, and in any area.

Action within the political component seeks to secure the active support of political leaders, policy and decision-makers within the health, education and related sectors, by increasing their understanding and appreciation of the value of promoting the health of communities.

The technical component addresses institutional capacity in the core areas of health promotion, health protection, multisectoral action, empowerment of individuals and communities, and the need for curricula and research efforts to reflect the institutions' orientation. It targets outcome measures, in particular the attributes of graduates who have participated in education programmes. It also emphasizes the need for institutions to develop partnerships with key stakeholders in the health sector, other sectors and in the community.

The coordination component identifies action to support collaboration between institutions involved in health professional education at both national and regional levels, to maximize opportunities for learning and reflection.

Introduction

These guidelines were completed at the WHO/WPRO Meeting on Utilization of Guidelines for Orienting Health Professional Education to the *New horizons in health* Approach, held in Sydney from 9 to 13 August 1999. The meeting was the third in a series, with previous meetings held in 1997 and 1998.

The guidelines reflect the fundamental shift that is occurring in both the orientation of health care delivery and the setting of priorities for health care. To achieve the ultimate goal of Health For All, it has become clear that the traditional approaches of disease control, clinical diagnosis, treatment and rehabilitation, while still important, are insufficient in themselves to ensure the health of the population and a good quality of life.

The WHO regional Position Paper of February 1999 confirms that new approaches are required for the achievement of Health For All. It seeks to improve the health of communities and populations through integrated approaches which stress the links between development, the environment and health.

For this approach to be successful, health professionals need education and training which equips them with the knowledge and skills required for an holistic approach to health care. These

guidelines are intended to provide direction and support for countries that are reviewing and strengthening their health professional training programmes (basic and continuing) in order to achieve this orientation.

Background

The global trend towards a focus on health, rather than on disease, was confirmed by the Declaration of Primary Health Care, proclaimed at Alma-Ata in 1978. This document focused on the notion of attaining Health For All by the year 2000, and included health education as one of the eight essential elements which Member States of WHO should consider. The subsequent Global Strategy for Health For All, launched in 1981, encouraged all countries to identify goals and targets to indicate their progress in this direction. The Ottawa Charter for Health Promotion was developed in 1986 to facilitate the implementation of the Health For All strategy, and suggested five areas for action: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.

In 1994, the Western Pacific region produced a policy document, *New horizons in health*, which set out new approaches for the achievement of Health For All. The importance of forming broad-based partnerships to work for health was emphasized in the 1997 Jakarta Declaration. Meanwhile, the Pacific island countries documented their commitment to these principles in the Yanuca Island Declaration (1995), the Rarotonga Agreement (1997) and the Palau Action Statement (1999).

The WPRO Position Paper of February 1999 reaffirmed the values and actions recommended in the previous documents and reported that a major theme of WHO's work in the Region would be Building Healthy Communities and Populations.

Building Healthy Communities and Populations

Building healthy communities and populations is an important theme of the current Regional Policy. Basically the aim is to foster integrated approaches which stress the link between development, environment and health. The fostering of healthy communities and populations is addressed by creating social and physical environments that are supportive of health, and encouraging healthy lifestyles and living conditions through integrated, intersectoral approaches. A particular focus of the theme is the creation of healthy settings where people live, work and play, such as, for example, healthy cities, healthy villages, healthy schools and healthy marketplaces, among many others. This involves strengthening environmental health and health promotion infrastructures. In addition, the application of the healthy settings approach aims to establish more effective working relationships between the health sector and other sectors to enhance health and create supportive environments for health.

New Horizons in Health

Essentially, the *New horizons in health (NHIH)* approach involved:

1. Changing directions

- ***from disease-centred → people-centred*** - health interventions are people-centred and wellness-centred not disease-focused, with the focus on positive health as part of human development;

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- ***from reactive curative → proactive preventive*** - a shift in emphasis from the illness itself, to the risk factors which contribute to the problem, and further to factors that will constitute good health;
 - ***from health sector alone → multisectoral shared*** - the health sector seeks to combine its resources and efforts towards positive health and quality of life with those of other sectors (such as schools, industry, transportation, energy, agriculture and environmental groups) to influence external health-related factors.

2. Taking a lifespan approach

- ***preparation for life*** - ensuring that infants and young children not only survive the first years of life, but are suitably prepared to enable them to realize their health potential throughout their lives;
- ***protection of life*** - having progressed through childhood and adolescence, individuals are then supported in fully developing and maintaining healthy lifestyles, and are protected from illnesses caused by a potentially hazardous and degraded environment. The overall aim is to prolong productive, healthy and disability-free lives in the most cost-effective and equitable ways possible;
- ***quality of life*** - enabling all individuals to acquire and maintain the physical, social and mental capabilities required to lead fully creative, productive and meaningful lives.

Why change health professional education?

With a basic health infrastructure in place in all countries and areas of the Western Pacific region, there is significant concern about how to use this infrastructure more efficiently and effectively. Major health system reforms are being undertaken in many countries in the Region, as nations seek to achieve Health For All within the context of changing health profiles and economic realities. A comprehensive plan to reorient the health workforce is seen as lying at the core of any successful reform in health.

1. New challenges call for new responses

The health profile of the Western Pacific Region reveals a combination of diseases, both those associated with poverty and those associated with affluence. While there has been a general improvement in key health indicators such as infant mortality, adult literacy and life expectancy over recent years, significant inequalities within countries remain. Emerging health issues include those associated with the ageing of society, and with socioeconomic development, such as rapid urbanization, changing lifestyles and environmental degradation.

These health issues cannot be effectively addressed through traditional programme-based health sector responses. Health workers must be able to work effectively with nontraditional

partners in health and human development, and be willing and interested in finding or creating opportunities to work together in new ways. Tomorrow's doctor (or other health worker) needs to be a care provider, health promoter, decision-maker, communicator, community leader and manager.

2. Quest for relevance, quality, cost effectiveness and equity

Relevance, quality, cost-effectiveness and equity are four values implicit in the goal of Health For All. In an "ideal" health system, equal emphasis is given to each of these values. Tensions can and do arise between the four values, in particular between an emphasis on quality and cost effectiveness versus equity and relevance.

World Health Assembly resolution WHA48.8 encourages all countries to undertake activities to reform medical education and practice with a view to increasing relevance, quality, cost-effectiveness and equity in health care. Health professionals of all disciplines must be trained to work effectively with a health care system that adopts these values.

- **Relevance** - Are the most important problems tackled first?
- **Quality** - Is health care evidence-based, technologically and culturally appropriate?
- **Cost-effectiveness** - Does the system have the greatest impact on health while making the best use of its resources?
- **Equity** - Is high quality health care available to all people who need them most?

3. Increasing accountability

The health sector, including planners, funders, educators, researchers and health care providers, are being held increasingly accountable for what they do, and how and why they do it.

What needs to be changed in education programmes?

- **Orientation and emphasis** - the Building healthy communities and populations theme and the *NH/H* approach to Health For All involve a significant shift in health service delivery, and thus in the knowledge and practice of health professionals. For this to occur, the orientation of health professional education (basic and continuing) must also shift, to reflect a more holistic view of health and the broadest range of health interventions.

It will not be sufficient to just add extra topics, such as health promotion and management, to current basic education curricula, or to include these topics in in-service training programmes. The whole orientation and emphasis of training needs to reflect the principles of health promotion and disease prevention. Every aspect of basic and continuing education programmes, including selection of students, the curriculum, student assessment, research and outcomes, must be examined for the extent to which it prepares graduates to adopt an approach that will build healthy communities and populations.

- **Foundation skills** - all health workers need a solid foundation of cognitive skills if they are to practise effectively within the changing context of health services. In particular, they need excellent communication skills, analytical, reasoning and problem solving skills. Education programmes must provide opportunities and support for students to develop and enhance these skills.

Process and dynamics of change

If educational institutions are to successfully reform their programmes, they need both a clear idea of what they want to change, and understanding and skills in managing change.

Change is generally viewed as an episodic activity. It starts at some point, moves through a series of steps, then arrives at an outcome that is hoped to be an improvement on the starting point. When moving from the starting point to the changed state, there will be forces within an organization or system that drive the change, and forces that resist it. In today's world, change is an almost continual process, the success of which depends, to a large extent, on motivation, leadership, strategy and energy.

- **Initiation of change** - can come from within an organization or from outside it. Organizations exist within a changing environment, and in order to “fit in” with that environment, the organization must adapt. The environment in which health services are provided has changed dramatically over the past three decades, with increased expectations from consumers, the aging of the population, and emerging threats to health such as HIV/AIDS and pollution.

Variations in funding or passage of new legislation are examples of external factors that could initiate changes in health service delivery. The release of research findings, or the introduction of new equipment, are examples of internal factors that could initiate change. The “trigger” for change will influence how easily it proceeds, and how well the outcome meets expectations.

- **Support for change** - forces that drive the change can include incentives, such as increased salary or status, or improved conditions. Respected or powerful individuals who favour the change can also act as a driving force. Complementary adjustments to infrastructure within the system will add to the feasibility of the planned change.

- **Barriers to change** - resistance to change can come from many sources. Individuals within an organization may resist change out of habit, fear of loss of security or income, fear of the unknown, or because they don't fully understand what is planned. The current structure, power relationships, resource allocation, skills and experience within the organization itself may also be barriers to change. Symptoms of resistance to change can include high staff turnover, absenteeism, wastage and errors, etc.

- **Leadership** - if change is to be successful, it must be well managed. Leadership must be provided which will drive change and enable barriers to be overcome. The leader/s or change agent/s must have sufficient influence or power to be effective, and must have interest, time and energy to dedicate to supporting the change. Tactics such as education and communication, enlisting greater participation, forming partnerships, providing facilitation and support, negotiating, and even co-opting or coercing may be used to overcome resistance to change.

Glossary

Clients	recipients of health services in any setting, includes patients in hospitals or clinics.
Collaboration	cooperative relationship, developed around a common goal where the outcome may be of greater benefit to one party than to the other/s, may include one party providing support or assistance to another.
Community	a community is made up of individuals who share the same physical and/or social environment. This term may be used interchangeably with population or society.
Health professional	this term is used in its broadest definition, and refers to all those providing health services.
Health promotion	is the process of enabling people to increase control over and to improve their health. Health promotion includes health education and health protection, and is integral to health restoration and rehabilitation.
Monitoring	is recording progress in relation to some indicator/s.

Partnership

strong, formal relationship, developed with equal commitment from each partner around a common goal, the achievement of which will benefit all partners.

Stakeholder

an individual, a group or an organization having an active interest in an issue, process or outcome.

Promoting the Health of Communities - Guidelines for Health Professional Education

These guidelines have been developed to support educational institutions throughout the Western Pacific Region to review and strengthen health professional education and training at all levels - basic, postbasic and continuing. The guidelines are not intended to prescribe a particular course of action, but rather to offer suggestions that countries and institutions may draw on and adapt to suit their unique circumstances and settings.

1.0 The political component

Political leaders, policy and decision-makers within the health, education and related sectors need to understand the challenge of Building healthy communities and populations and the value of seeking to achieve Health For All. Their active support is essential to the successful reform of health professional education and training.

Action list

- Identify key decision-makers in the government, such as senior officials of Ministry of Health, Ministry of Education, Ministry of Finance and other relevant Ministries;
- Identify key stakeholders in nongovernment sectors, such as education institutions, regulatory and advisory bodies, professional associations, funding agencies, nongovernmental organizations, consumer and advocacy groups;
- Establish or strengthen mechanisms for government and nongovernment stakeholders to meet and discuss Building healthy communities and populations and related matters;
- Demonstrate to stakeholders (through discussion and dissemination of appropriate information) the benefits of promoting health and the need to orient health professional education in this direction;

Examples of Indicators

- Develop supportive policy statement/s at Ministry, institutional and programme levels.
- Presence of national policies such as supportive sectoral policies in Health, Education, Finance, and/or National Health Promotion Policy.
- Allocation of budget for implementation of Guidelines at national and/or sectoral level.
- Evidence of organizational or structural reforms/changes that support the promotion of health.

2.0 The technical component

The technical component of these guidelines offers institutions support for action in five key areas: institutional capacity, partnerships, curriculum, graduate attributes and research.

2.1 Institutional capacity

In order to undertake reforms and provide the required support for both educators and students, institutions need to develop the necessary technical capacity in the core areas identified in theme Building Healthy Communities and Populations, and in the management of change.

Action list

- Identify existing organizational structures, resources and faculty competencies which could be useful for implementing this approach;
- Identify relevant professionals or organizations who could help increase the technical capacity of the institution;
- Identify and support a focal point/leader to act as a resource for change and to organize, coordinate and implement the intended activities;
- Identify existing programmes and curricula which either reflect the promotion of health or have components relevant to this approach;
- Assess the level of understanding and acceptance of this approach amongst the faculty administrators and educators;

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- Raise the faculty's level of understanding and appreciation of the elements of this theme;
 - Identify constraints to change within the institution and develop strategies to overcome them;
 - Identify deficiencies in students' understanding and skills in the area of Building healthy communities and populations, including communication, analysis and problem-solving;

Examples of Indicators

- Change in knowledge/awareness/skills/attitudes of teachers;
- Curriculum review;
- Staff attendance (teachers and clinicians) at briefings/meetings re Building healthy communities and populations.
- Endorsement/acceptance of promotion of health concepts by faculty and administration;
- Production and distribution of institutional materials on concepts promoting health.

2.2 Partnerships

Institutions must develop working partnerships with key stakeholders in the health sector, other sectors and in the community.

Action list

- Identify, inform and orient relevant organizations, institutions, authorities and community groups within and outside the health sector on the principles and benefits of Building healthy communities and populations;
- Establish or strengthen links with relevant organizations, institutions, authorities, and community groups within and outside the health sector to obtain their active participation and support in implementing this approach;

Examples of Indicators

- Preparation and dissemination of a directory of key stakeholders;
- Multisectoral composition of any committee involved in implementation of Guidelines, at any level - national, sectoral, institutional;
- Implementation committee/s multi-resourced, with contributions from partners;
- Evidence of terms of reference developed by the committee, or partners define/guide/monitor the involvement of partners.

2.3 Curriculum

Institutions must orient basic and continuing education programmes towards Building healthy communities and populations approach, and emphasize foundation skills such as communication, analysis and problem-solving.

Action list

- Develop a clear outline of content on the promotion of health in the curriculum, allocating adequate time for both theory and practice;
- Include student-centred learning activities in the classroom, community and other health care delivery settings;
- Assess students on their understanding and appreciation of Building healthy communities and populations as a part of their overall assessment;
- Evaluate education programmes regularly to ensure relevance and effectiveness;
- Encourage staff to undertake related research and to develop multisectoral contacts;
- Incorporate teaching and learning activities into the existing curriculum to strengthen the understanding and skills of students in areas relevant to the Building healthy communities and populations approach.
- Establish or strengthen links with relevant organizations and institutions;

Examples of Indicators

- Inclusion of health promotion in course content/curriculum;
- Inclusion of health promotion in formal student assessment;
- Results of assessment show students understand health promotion;

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- Inclusion of student-centred learning activities, including participatory approach;
 - Organization of community activities of students along concepts of Building healthy communities and populations.

2.4 Graduate attributes

Graduates of education programmes which incorporate the approach of Building healthy communities and populations will appreciate its value, apply the relevant skills and act as advocates for health promotion, health protection, multisectoral action and empowerment of others in the attainment of Health For All.

Action list

- Institutions will produce graduates who:
 - Act as role models for healthy and ethical behaviour;
 - Establish partnerships with clients, families and communities, other professionals and organizations through effective communication, and involve nontraditional partners in addressing health issues as appropriate;
 - Demonstrate knowledge, skills and attitudes essential to effective health promotion practice;
 - Demonstrate competency in planning, implementing and evaluating health promotion interventions for individuals and groups;
 - Evaluate their own performance and show a commitment to life-long professional self-development.

Examples of Indicators

- Use of participatory approaches by graduates in health service delivery;
- Demonstration of Building healthy communities and populations knowledge by graduates;
- Change in attitude to health promotion among community members.

2.5 Research

Research increases the understanding of the Building healthy communities and populations approach and the application of relevant principles, and underpins educational reform in this direction.

Action list

- Encourage and support staff to undertake research in areas relevant to Building healthy communities and populations;
- Allocate resources for research in areas relevant to Building healthy communities and populations;
- Monitor health trends in the community;
- Work with the community in setting a research agenda to address local health needs and issues;

Further reading

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